

Nevada State Board of Pharmacy
431 W Plumb Lane . Reno, NV 89509 . (775) 850-1440
bop.nv.gov

NEVADA
(For locations located in the State of Nevada)
WHOLESALE APPLICATION
INFORMATION AND CHECKLIST

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please understand we cannot and will not accept incomplete applications. If there is not an appropriate response, so state with N/A. Review the checklist and return all required fees and documentation with the completed application.

Please note the application/documentation deadline date is on the board meeting schedule listed on the website . The deadline date is the LAST DAY completed applications may be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, (NO EXCEPTIONS) the application will be returned. Confirmation of personal data may require review.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP

You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

Complete all required pages of the application. Must be original signature(s), no copies or stamps

Registration fee of \$500.00. This fee is non-refundable and non-Transferable. The fee is payable by money order or cashier's check only, we do not accept personal checks, business checks, cash or credit cards. If the application is received with a personal, business check or cash, it will be returned and will delay the processing of the application. Fee made payable to: **Nevada State Board of Pharmacy**

REQUIRED INFORMATION FOR ALL TYPES OF OWNERSHIP

Before you operate as a wholesaler, you must receive board approval and be inspected by Board of Pharmacy personnel. Please know that the receipt of drugs prior to licensing will be deemed a violation of Nevada Revised Statutes (NRS) 454.316 which provides possession of a drug unlawful and is a category E felony.

Your application may be placed on the agenda of the next regularly scheduled board meeting. APPEARANCE(S) AT THE BOARD MEETING MAY BE REQUIRED. If an appearance is **required**, your company will be notified in writing two (2) weeks prior to the meeting. Otherwise assume appearance will not be necessary. Upon board approval and a satisfactory inspection a certificate of registration will be issued. This registration is renewed in October of even numbered years. A license is usually issued and mailed within 10 days from the board meeting date, if approved.

Any change of ownership and/or location change, will require a new application and \$500.00 fee. If the address changes, a pre-opening inspection will be required

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under [Nevada Statutes & Regulations](#) tab.

If the application is approved at the scheduled board meeting a letter with the information needed to schedule the required inspection will be mailed within 10 days from the date of the last meeting.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane . Reno, NV 89509 . (775) 850-1440
APPLICATION FOR NEVADA WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation . Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6a,6b
☐ Non Publicly Traded Corporation . Page 1,2,3,5a,5b ☐ Sole Owner . Page 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Toll Free Number: _____

E-mail: _____ Website: _____

Facility Manager: _____

Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☐

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☐

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☐

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)	<hr/>	
	Name	Address
	<hr/>	
	Business	
2)	<hr/>	
	Name	Address
	<hr/>	
	Business	
3)	<hr/>	
	Name	Address
	<hr/>	
	Business	
4)	<hr/>	
	Name	Address
	<hr/>	
	Business	

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☐
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☐
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☐
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☐

If the answer to question 1 through 5 is ~~yes~~, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

Board Use Only

Received: _____

Amount: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE
OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____
Parent Company if any: _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Contact Person: _____

Ownership Information . Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. _____	_____%: _____
2. _____	_____%: _____
3. _____	_____%: _____
4. _____	_____%: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

*Date of Incorporation: _____

*Registration number issued: _____

*Stock Exchange: _____

Include with the application for a publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the %New Applications+tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

Application for Nevada Wholesaler License

Include with the application for a non-publicly traded corporation

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Designated representative form. Download the form from the website under the %New Applications+tab. The forms are available under the *documents for all types of businesses*.

The designated representative_(as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee.

If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Provide a copy of your VAWD certification.

If you are a manufacturer and FDA approved, fingerprints, list of employees and bond are not required. Include a copy of the FDA registration.

Complete personal history record for each stockholder. Must be original signature(s), no copies or stamp. Download the form from the website under the %New Applications+tab. The forms are available under the *documents for all types of businesses*.

Complete two (2) sets of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for its report. This form is on the website. Each officer and director of the corporation must submit fingerprints. Please send an email request to pharmacy@pharmacy.nv.gov for fingerprint cards, if needed. We accept standard fingerprint cards.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the %New Applications+tab. The forms are available under the *documents for wholesalers only*.

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP.

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

Include with the application for a partnership

Complete personal history record for each stockholder. Download the form from the website under the **New Applications**+tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamp.

Designated representative form. Download the form from the website under the **New Applications**+tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. .

**If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Provide a copy of your VAWD certification.*

**If you are a manufacturer and FDA approved, fingerprints, list of employees and bond are not required. Include a copy of the FDA registration.*

Complete two (2) sets of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for its report. Download the form from the website under the **New Applications**+tab. The forms are available under the *documents for wholesalers only*. Each officer and director of the corporation must submit fingerprints. Please send an email request to pharmacy@pharmacy.nv.gov for fingerprint cards. If needed. We accept standard fingerprint cards.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the %New Applications+tab. The forms are available under the *documents for wholesalers only*.

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Include with the application for a sole owner

Complete personal history record . Must be original signature(s), no copies or stamps. Download the form from the website under the ~~%New Applications+tab~~. The forms are available under the *documents for all types of businesses*.

Designated representative form. Download the form from the website under the ~~%New Applications+tab~~. The forms are available under the *documents for all types of businesses*. The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. Download the form from the website under the ~~%New Applications+tab~~. The forms are available under the *documents for all types of businesses*.

**If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Provide a copy of your VAWD certification.*

**If you are a manufacturer and FDA approved, fingerprints, list of employees and bond are not required. Include a copy of the FDA registration.*

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Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Download the form from the website under the ~~%New Applications+tab~~. The forms are available under the *documents for wholesalers only*.